



**PENN-HARRIS-MADISON SCHOOL CORPORATION
STUDENT REGISTRATION FORM**

Please Print

Early Learning Academy

Today's Date _____

Do you live in the P-H-M School Corporation? YES NO

If NO:

County of Residence _____

School District of Residence _____

Early Learning Academy Location (Check One):

Mary Frank

Horizon

Weekly Attendance Choice (Check One):

4 days a week (Tuesday – Friday)

5 days a week

OFFICE USE ONLY	
SCHOOL YEAR	_____
ENROLLMENT DATE	_____
PHM STUDENT ID#	_____
INDIANA STN #	_____
TEACHER/TEAM	_____
PROOF OF RESIDENCY	_____
(TYPE OF DOCUMENTATION)	
\$60 Non Refundable Fee Paid? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Payable to P-H-M School Corporation	
Check #:	_____
Fee forwarded to ESC? YES <input type="checkbox"/> NO <input type="checkbox"/>	

STUDENT INFORMATION: Male Female Nickname (optional) _____

LEGAL FIRST NAME LEGAL MIDDLE NAME LEGAL LAST NAME

Date of Birth _____ Type of Documentation _____

Place of Birth _____

CITY STATE COUNTY/COUNTRY

GUARDIAN(S) STUDENT LIVES WITH:

Name: _____ Relationship _____

Work #: _____ Cell #: _____ Place of Employment _____

Name: _____ Relationship _____

Work #: _____ Cell #: _____ Place of Employment _____

HOME STREET ADDRESS APT/LOT# CITY STATE ZIP

Mailing Address, if different than HOME address _____

Primary Contact Phone #: _____ (Used for emergency contact and School Messenger)

Primary Contact Email _____

GUARDIAN INFORMATION (for Guardian NOT living with the student):

Name of Guardian **NOT** living with Student: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Mailing Address: _____

HOME STREET ADDRESS APT/LOT# CITY STATE ZIP

Email Address: _____ Place of Employment: _____

ALL SIBLINGS:

NAME _____ GRADE/AGE ____/____ SCHOOL _____
NAME _____ GRADE/AGE ____/____ SCHOOL _____
NAME _____ GRADE/AGE ____/____ SCHOOL _____
NAME _____ GRADE/AGE ____/____ SCHOOL _____

The US Department of Education requires all states to collect information on the race and ethnicity of public school students. Please answer both questions below.

Department of Education Ethnicity:

Is this student Hispanic or Latino? (Choose only one) YES NO

Department of Education Race:

What is the student's race? (Choose all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

LAST SCHOOL ATTENDED:

School Name: _____

School Address: _____
STREET ADDRESS CITY STATE ZIP

Phone #: _____ Fax #: _____

ADDITIONAL INFORMATION:

Does this student receive speech services? YES NO

Does this student have an IEP? YES NO

Does this student have a 504 Plan? YES NO

Does this student receive English Language Learner services? YES NO

Are there any Court Documents including but not limited to the custody of the Child? YES NO

If YES, a copy of Court Documents must be on file in the School Office for the School to comply.

Is there a court order against any individual in contact with this student? YES NO

If YES, please provide the individuals name: _____

Signature of Person Completing this Form

Relationship to Student

Date